

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION — Utility or Design Patent Application**Direct all correspondence to:  Customer Number:  OR  Correspondence address below

## Name

Gregory Stavroulakis

## Address

3 Hanson Way

## City

Coram

## State

NY

## ZIP

11727

## Country

USA

## Telephone

516-524-4996

## Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

## NAME OF SOLE OR FIRST INVENTOR:



A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any])

Gregory

Family Name  
or Surname

Stavroulakis

Inventor's  
Signature

Date

Nov 14, 03

## Residence: City

Coram

## State

NY

## Country

USA

## Citizenship

USA

## Mailing Address

3 Hanson Way

## City

Coram

## State

NY

## ZIP

11727

## Country

USA

## NAME OF SECOND INVENTOR:



A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any])Family Name  
or SurnameInventor's  
Signature

## Residence: City

## State

## Country

## Citizenship

## Mailing Address

## City

## State

## ZIP

## Country



Additional inventors or a legal representative are being named on the

supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.